

<p align="center">DECLARATION AND POWER OF ATTORNEY FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63)</p> <p> <input type="checkbox"/> Declaration Submitted with Initial Filing <input checked="" type="checkbox"/> Declaration Submitted after Initial Filing </p>	Attorney Docket No.	2577-162
	First Named Inventor	Jimmy KWANG
	COMPLETE IF KNOWN	
	Application Number	
	Filing Date	
	Group Art Unit	
	Examiner Name	

As a below named inventor, I hereby declare that:

My residence, mailing address, and citizenship are as stated below next to my name.

I believe I am an original, first and joint inventor of the subject matter which is claimed and for which a patent is sought on the invention entitled: DIAGNOSTICS FOR SARS VIRUS the specification of which was filed on February 4, 2004 as United States Application Number or PCT International Application Number PCT/US2004/003307.

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or any PCT international application having a filing date before that of the application on which priority is claimed.

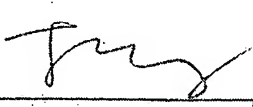
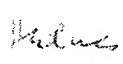
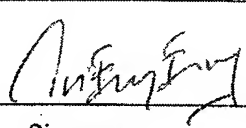

Prior Foreign Application Numbers	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
				YES	NO
			<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>

I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.

Application Number(s)	Filing Date (MM/DD/YYYY)
60/486,918	07/15/2003

I or we hereby appoint the registered practitioner(s) associated with Customer No. 6449 to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith. Direct all correspondence to Customer Number 6449.

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

NAME OF FIRST INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any]) Jimmy		Family Name or Surname KWANG	
Inventor's Signature 		Date 13/12/05	
Residence: City	Singapore	Country	Singapore
Citizenship U.S.			
Mailing Address 54 West Coast Crescent #03-02			
Mailing Address West Bay Condominium			
City	Singapore	Postal Code	128037
		Country	Singapore
NAME OF SECOND INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any]) Ai Ee		Family Name or Surname LING	
Inventor's Signature 		Date 13 Dec 2005	
Residence: City	Singapore	Country	Singapore
Citizenship SG			
Mailing Address Singapore General Hospital			
Mailing Address Outram Road			
City	Singapore	Postal Code	169608
		Country	Singapore
NAME OF THIRD INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any]) Eng Eong		Family Name or Surname OOI	
Inventor's Signature 		Date 13 Dec 05	
Residence: City	Singapore	Country	Singapore
Citizenship SG			
Mailing Address National Environment Agency			
Mailing Address 41 Science Park Road, #03-24/28			
City	Singapore	Postal Code	117610
		Country	Singapore
NAME OF FOURTH INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any]) Hiok Hee		Family Name or Surname CHNG	
Inventor's Signature 		Date 6/3/2006	
Residence: City	Singapore	Country	Singapore
Citizenship SG			
Mailing Address Tan Tock Seng Hospital			
Mailing Address 11, Jalan Tan Tock Seng			
City	Singapore	Postal Code	308433
		Country	Singapore